



# The Young Adult Club Membership Registration

**This form must be completed in order to participate in ANY Young Adult Club activity. It must be received 3 days prior to participation in any activity.** This is a membership for the Young Adult Club at CTF. This information will remain strictly confidential. Please mail to YAC Club, CTF, 689 Castle Drive, Charleston, IL 61920 along with the \$10 annual registration fee. If you have any questions, please contact Meagan Matthews at 217-348-3869, x14 or by email at meaganmatthews@ctfillinois.org.

Participant Basic Information				
<b>Full Name: First, Middle initial, Last</b>	<b>Gender: (circle one)</b> Male    Female	<b>Today's Date:</b>		
<b>School attending:</b>	<b>Graduation Date: (if applicable)</b>			
<b>Participant Email Address:</b>	<b>Birth Date:</b>			
<b>This year I will be a: (circle one)</b> Freshman    Sophomore    Junior    Senior    Not Applicable				
<b>Ethnicity: (circle all that apply)</b>	African American	Asian	Caucasian	Hispanic/ Latino
	Middle Eastern	Caribbean	South Asian	Other: _____
Contact Information				
<b>Current Address:</b>		<b>Summer Address (if different):</b>		
Street _____		Street _____		
City _____ State _____ Zip _____		City _____ State _____ Zip _____		
Home Phone #: (        )		Phone #: (        )		
Participant cell #: (        )				
<b>Parent/Guardian Name:</b> _____				
<b>Phone Number:</b> _____		<b>Alternate Phone #:</b> _____		
<b>Address:</b> _____				
<b>City:</b> _____		<b>State:</b> _____	<b>Zip:</b> _____	
<b>Parent/Guardian Email:</b> _____				
Participant Details				
1)	<b>Is this your first time participating in the program? (Please circle one response)</b>	Yes	No	
2)	<b>Do you have allergies? (Please circle one response) If yes, please list:</b>	Yes	No	
3)	<b>Please list any medications:</b>			
4)	<b>List your favorite foods:</b>			
5)	<b>Dislikes (foods/activities):</b>			
6)	<b>Name 5 places you like to go have fun:</b>			

## Note About Meeting Times

We usually meet and/or have activities on weekends. You will be notified at least 5 days in advance with the details of an upcoming event.

## Participant Consent

**Please review the following information and sign at the bottom of the page.**

I, \_\_\_\_\_, give consent to participate in Young Adult Club at CTF.  
(Print Name)

**Please initial each item below:**

\_\_\_\_\_ I give permission to be photographed and/or filmed at any activity, and I understand that any photograph or videotape may be used at the discretion of Young Adult Club at CTF for newsletters etc.

\_\_\_\_\_ Prior to the commencement of my participation, I will furnish CTF with any medical information that may be necessary in treating me in the case of an emergency.

\_\_\_\_\_ I consent to Young Adult Club at CTF use and the disclosure of such medical information to medical professionals that may need the information in order to treat me in the case of an emergency.

In consideration of the benefits and opportunities afforded to me through participation in the Young Adult Club at CTF, the undersigned participant states as follows:

1. I hereby agree to release Young Adult Club at CTF from any liability for any accident, injury, or illness suffered at, during, or in connection with any Young Adult Club at CTF, except for any accident, injury, or illness which results from gross misconduct by Young Adult Club at CTF, or its staff.
2. I authorize Young Adult Club at CTF, to obtain medical treatment in the event of injury or illness in connection with a Young Adult Club at CTF activity and agree to pay any expense incurred for treatment.
3. I understand that, in connection with any Young Adult Club at CTF, if I am riding in a private passenger automobile which is involved in an accident, I may be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible on primary coverage.
4. If I am being transported in a commercial carrier or other leased or rented vehicles in connection with a Young Adult Club at CTF activity and an injury occurs, I understand that I shall look to the commercial carrier or owner of the leased or rented vehicle to pay any medical bills incurred as a result of such injury.
5. I understand that, in order to participate in any Young Adult Club at CTF activities, I will agree to follow any rules, guidelines, or instructions for my own safety and wellbeing, and for the safety and wellbeing of others. I understand that CTF reserves the right to suspend my participation in activities, either temporarily or permanently, if I behave in a way that is deemed inappropriate, unsafe, an/or any manner that negatively affects the wellbeing of myself and/or others.

**Note:** The undersigned agrees to assume all risk of accident, injury, or illness that may occur at, during, or in connection with Young Adult Club at CTF activities.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**If the participant is under the age of 18 or a guardian signature is necessary, please sign below:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

CTF is a 501(c) (3) non-profit Illinois-based organization whose mission is to empower individuals with developmental disabilities through services and programs that help them reach their potential in an environment that fosters respect, dignity, and success for each individual. For more information about CTF and The Autism Program, please visit our website at [www.ctfillinois.org](http://www.ctfillinois.org).